

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**=63-015091**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 43 Primary Residence 1517 Registrar's No. 1517

STATE FILE NUMBER

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	DOCUMENT
1 0128			
2 83402			
3			
4 0			
5 1			
6			
7 0			
8 2			
9 X			
10 33			
11 012			
12 3-3			
13 1-0			
ITEM NO.	SHOULD READ	BY AFFIDAVIT OF	

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Ohio</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Poplar Bluff</b>		c. CITY OR TOWN <b>Cleveland</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lucy Lee Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>19706 Kildeer</b>	
3. NAME OF DECEASED (Type or print) <b>Robert Ainsworth Arnold</b>		4. DATE OF DEATH Month <b>April</b> Day <b>21</b> Year <b>63</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-23-40</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Soldier</b>		11. BIRTHPLACE (City and state or country) <b>Unknown</b>	
13a. FATHER'S NAME <b>Robert A. Arnold Sr.</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Virginia Jones</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give war or dates of service) <b>Yes</b>		17. INFORMANT <b>Military records</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Left temporal skull fracture, broken neck, severe chest injuries</b> DUE TO (b) <b>Automobile accident</b> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Automobile accident</b>	
20c. TIME OF INJURY Hour <b>5</b> a.m. Month, Day, Year <b>XX4-21-63</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Public highway</b>		20f. CITY, TOWN, OR LOCATION <b>Butler</b> COUNTY <b>Mo</b> STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Greer W. Greer</b> (Degree or title) <b>Coroner</b>		22b. ADDRESS <b>Poplar Bluff, Mo.</b>	
22c. DATE SIGNED <b>4-22-68</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>4-21-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lebanon, Mo.</b>	
24. FUNERAL DIRECTOR <b>Greer Croy &amp; Fitch Poplar Bluff Mo.</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>4/24/1963</b>	
		26. REGISTRAR'S SIGNATURE <b>Shelton</b>	

MAY 7 1963

APR 30 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by James Gray Soaper, Student Embalmer No. 687  
working under my personal supervision.

Student

James Gray Soaper  
Signature of Student Embalmer

Signed

Wallace M. Fitch

Licensed Embalmer No.

3859

P. O. Address

Coplar Bluff Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.